

# **SPECIAL EXAMINATION REQUEST**

*Insect, Food and other Environmental Materials submissions*

**Required Fields in bold with \***

**\*Sample type:** \_\_\_\_\_  
(full Description please)

**\*Where was the sample obtained? :** \_\_\_\_\_  
(name of institution, place or location)

Address of above: \_\_\_\_\_  
\_\_\_\_\_

**\*City of above:** \_\_\_\_\_

Condition of Sample: \_\_\_\_\_  
(dehydrated, frozen, in food, on tape...)

**\*Date Sample Obtained:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time sample obtained: \_\_\_\_\_ AM or PM  
(Approximate date is okay)

**\*SAMPLE SUBMITTED BY:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(full name)

**\*Address of Submitter:** \_\_\_\_\_  
(no anonymous submissions!)

\_\_\_\_\_  
\_\_\_\_\_

*All food submissions must be reported to the Environmental Inspections Division first.*

*A food history must be taken if there is any associated illness.*

*Please note: It is a Federal Crime to file false reports of food borne illness or contamination.*

**\*Reason for Submission:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Associated illness? \_\_\_\_\_ Number of people ill: \_\_\_\_\_ Doctor's name: \_\_\_\_\_

Symptoms: \_\_\_\_\_

-----For Laboratory Use ONLY! -----

Action taken: \_\_\_\_\_

Referrals: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_